

Table 1: Bone Mass Measurement (BMM) Local Coverage Determination (LCD)

SUBJECT: Bone Mass Measurements (BMMs)		
Effective Date: January 1, 2007		Implementation Date: July 2, 2007
<p>Contractors shall accept/allow CPT procedure code 77080 when billed with the following ICD-9-CM diagnoses codes or any of the other valid ICD-9-CM diagnoses codes that are recognized by Medicare contractors as appropriate for BMMs.</p>	<p>Acceptable ICD-9-CM Diagnosis Codes:</p> <ul style="list-style-type: none"> • 733.00, • 733.01, • 733.02, • 733.03, • 733.09, • 733.90, or • 255.0. 	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall pay claims for screening tests when coded as follows:</p> <ul style="list-style-type: none"> • Contains CPT procedure code 77078, 77079, 77080, 77081, 77083, 76977 or G0130, and • Contains a valid ICD-9-CM diagnosis code indicating the reason for the test is post-menopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy.
<p>BMM means a radiologic, radioisotopic, or other procedure that meets all of the following conditions:</p> <ul style="list-style-type: none"> • Is performed to identify bone mass, detect bone loss, or determine bone quality. • Is performed with either a bone densitometer (other than single-photon or dual-photon absorptiometry) or a bone sonometer system that has been cleared for marketing for BMM by the Food and Drug Administration (FDA) under 21 CFR part 807, or approved for marketing under 21 CFR part 814. • Includes a physician's interpretation of the results. 		
<p>Medicare covers BMM under the following conditions:</p> <ol style="list-style-type: none"> 1. Is ordered by the physician or qualified nonphysician practitioner who is treating the beneficiary following an evaluation of the need for a BMM and determination of the appropriate BMM to be used. A physician or qualified nonphysician practitioner treating the beneficiary for purposes of this provision is one who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results in the management of the patient. For the purposes of the BMM benefit, qualified nonphysician practitioners include physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives. 2. Is performed under the appropriate level of physician supervision as defined in 42 CFR 410.32(b). 3. Is reasonable and necessary for diagnosing and treating the condition of a beneficiary 		

who meets the conditions described in §80.5.6.

4. In the case of an individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy, is performed with a dual-energy x-ray absorptiometry system (axial skeleton).

5. In the case of any individual who meets the conditions of 80.5.6 and who has a confirmatory BMM, is performed by a dual-energy x-ray absorptiometry system (axial skeleton) if the initial BMM was not performed by a dual-energy x-ray absorptiometry system (axial skeleton). A confirmatory baseline BMM is not covered if the initial BMM was performed by a dual-energy x-ray absorptiometry system.

Frequency Standards

Medicare pays for a screening BMM once every 2 years (at least 23 months have passed since the month the last covered BMM was performed).

When medically necessary, Medicare may pay for more frequent BMMs. Examples include, but are not limited to, the following medical circumstances:

- Monitoring beneficiaries on long-term glucocorticoid (steroid) therapy of more than 3 months.
- Confirming baseline BMMs to permit monitoring of beneficiaries in the future.

Beneficiaries Who May be Covered

To be covered, a beneficiary must meet at least one of the five conditions listed below:

1. A woman who has been determined by the physician or qualified nonphysician practitioner treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings.

NOTE: Since not every woman who has been prescribed estrogen replacement therapy (ERT) may be receiving an “adequate” dose of the therapy, the fact that a woman is receiving ERT should not preclude her treating physician or other qualified treating nonphysician practitioner from ordering a bone mass measurement for her. If a BMM is ordered for a woman following a careful evaluation of her medical need, however, it is expected that the ordering treating physician (or other qualified treating nonphysician practitioner) will document in her medical record why he or she believes that the woman is estrogen-deficient and at clinical risk for osteoporosis.

2. An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture.

3. An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to an average of 5.0 mg of prednisone, or greater, per day, for more than 3 months.

4. An individual with primary hyperparathyroidism.

5. An individual being monitored to assess the response to or efficacy of an FDA-

approved osteoporosis drug therapy.

Noncovered BMMs

The following BMMs are noncovered under Medicare because they are not considered reasonable and necessary under section 1862(a)(1)(A) of the Act.

- Single photon absorptiometry (effective January 1, 2007).
- Dual photon absorptiometry (established in 1983).